



SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY

Certification Compliance Unit

5400 Broad River Road

Columbia, South Carolina 29212

Phone: (803) 896-7802 Fax: (803) 896-7803



911 Personnel Change In-Status - Hire Form

Reporting Department

Phone #

Today's Date

911 Operator's Name (First, Middle, Last)

SS# or Academy I.D.

☐ **Male**

Date of Birth

Race

☐ **Female**

The above 911 Operator was hired on:

_____ **Date of Hire**

Affidavit of Background Investigation

I hereby attest that I have conducted a complete background investigation on the above 911 operator. My background investigation concluded that the above 911 operator does not have any conviction for any criminal offense that carries a possible sentence of more than one year and I, hereby, make application for 911 certification.

Signature of Investigating Officer: _____

Authorized Signature for Department: _____ **Date:** _____

Sworn to and subscribed before me this

_____ **Day of** _____ **Year** _____

Signature of Notary Public for South Carolina

My commission expires: _____

Revised 8/15